



CONSUMER COMPLAINT

Against a Licensed Certified Public Accountant or Licensed Public Accountant

Please read the instructions included before completing and submitting this form.

1. Your Name: _____

Address: _____

Daytime Telephone No.: (____) _____

2. Information about the **licensed accountant** involved in the complaint.

(Note: If you are complaining about more than one accountant, please use a separate form for each accountant.)

Name: _____

Address: _____

Daytime Telephone No.: (____) _____

License No. (if known): _____

3. Please attach a description of the facts of your complaint about this licensee.

It is helpful if you attach **copies** of pertinent documents to submit with this form.

4. Have you advised the accountant of your complaint? ☐ Yes ☐ No

If not, please explain: _____

5. Have you attempted to resolve your concerns with the accountant? ☐ Yes ☐ No

6. Is there a written agreement or engagement letter between you ☐ Yes ☐ No
and this accountant? If so, please attach a copy to this form.

Date

Your Signature

FOR OFFICE USE ONLY:

DATE RECEIVED:

FOR OFFICE USE ONLY:

FILE NO. _____

FILE NAME: _____

